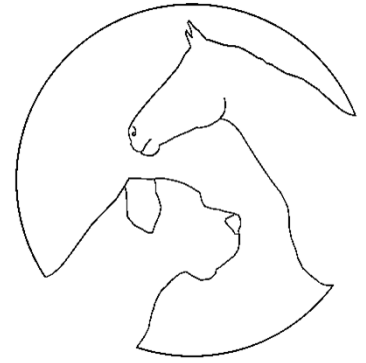


FAUNATHERAPY

Consent form



Owner details

Full name:

Physical address:

Phone number:

Email address:

Insurance details

Insurance company:

Policy number:

Animal details

Name:

Species/Breed:

Age / DOB:

Sex: Male Female Neutered/Spayed

Temperament: Friendly Anxious Aggressive

Medical History & Current condition

Reason for physiotherapy:

Post-operative rehabilitation: _____

Orthopaedic condition: _____

Neurological condition: _____

Pain management / mobility improvement

Other: _____

Additional information about condition (current symptoms, when did you first notice the problem, how did the incident occur etc.)

Current Medication/supplements:

Goals for physiotherapy:

Veterinary Practice Details

Please note that physiotherapy can only be carried out with veterinary consent/referral in accordance with the Veterinary Surgeons Act 1966.

Veterinary practice:

Veterinarian name:

Practice Address:

Phone number:

Email address:

Consent to Veterinary Physiotherapy

I confirm that my animal has been examined by a registered veterinarian, who has given approval for veterinary physiotherapy treatment to be carried out. I understand that my pet must have a current veterinary referral before treatment can begin.

I give my informed consent for a qualified and insured veterinary physiotherapist to assess and treat my animal. I understand that veterinary physiotherapy may include, but is not limited to, manual therapy, rehabilitation exercises, and the use of electrotherapies such as laser therapy, or TENS where appropriate.

I understand that no guarantee can be given as to the outcome of physiotherapy treatment. I acknowledge that, physiotherapy may carry some risk, including, but is not limited to, short term muscle soreness, skin irritations, stiffness, fatigue, or exacerbation of existing conditions. These risks are minimized by professional practice, appropriate handling, and continuous monitoring.

I understand the importance of following any prescribed home exercise programme or management advice to the best of my ability and accept that failure to do so may affect my animal's progress and recovery.

I understand that treatment may be modified or discontinued if my animal's health, behaviour, or welfare makes it unsafe or inappropriate to continue.

Veterinary Liaison and Ongoing Care

I consent to the veterinary physiotherapist communicating with my referring veterinarian regarding my animal's assessment, progress, and response to treatment. I understand that my animal may be referred back to the veterinarian should any concerns arise during the course of treatment.

I agree to inform the therapist of any changes to my pet's health or condition.

Cancellation and Missed Appointment Policy

I understand that appointments cancelled or rescheduled with less than 24 hours' notice may be charged in full.

I understand that failure to attend a scheduled appointment without prior notice may result in the full appointment fee being charged.

Consent for photography & educational use

I consent to my animals' photos and/or videos, as well as relevant pet information, being used on social media and for educational purposes. I understand that I may withdraw this consent at any time by providing written notice.

Data Protection

I consent to the collection, storage, and processing of my personal data and my animal's clinical records in accordance with the **UK General Data Protection Regulation (UK GDPR)** for the purposes of providing veterinary physiotherapy services.

Emergency Consent

In the event of an emergency during physiotherapy treatment, I authorise the physiotherapist to take appropriate steps to safeguard my animal's welfare, including contacting my veterinarian. If I am not present during treatment, I will not hold Faunatherapy accountable for any accidental incidences.

Declaration

I declare that I am the legal owner or authorized agent of the above-named animal. By signing below, I confirm that I have read and understood the information provided. I confirm that the information I have provided is accurate and complete to the best of my knowledge. I understand that treatment recommendations will be based on this information and any veterinary referral provided and I authorise Faunatherapy to perform the treatment plan deemed necessary by the veterinary professionals. I also confirm that I am financially responsible for all fees associated with my animals' care, as outlined in the form above.

Date:

Owner / Authorised Agent Full Name:

Signature:

Thank you for choosing Faunatherapy to take care of your animal!

Jackie van der Westhuysen t/a Faunatherapy

NAVP registered Veterinary Physiotherapist

